

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 30, 1992

ALL COUNTY LETTER NO. 92-15

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: GRIMSEY COURT ORDER AND IMPLEMENTATION METHODOLOGY

REFERENCES: ALL COUNTY LETTERS NO. 86-71, 87-17, 87-31,
ACIN I-58-86, MPP 44-133.7

On November 18, 1991, the Federal District Court for the Northern District of California approved a Final Order for the Court case, Grimsey v. McMahon. The Grimsey lawsuit challenged the State Department of Social Services (SDSS) authority to deem the income of senior parents to 18 year-old minor parents living at home and not attending school. On December 22, 1986, the Court issued an Order for retroactive benefits. On February 20, 1987, the retroactive Court Order was appealed and as a consequence Letter No. 87-31 informed counties of the stay and counties were instructed to process all claims to the point of approval or denial and to hold payments pending further instructions.

Settlement Provisions

The Court has now lifted the stay and has approved the terms of the settlement. As soon as administratively possible but not later than April 1, 1992, eligible class members or their assistance units shall be paid a retroactive benefit. This benefit amount will be equal to the original principal amount. Do not include interest in the retroactive payment. The attached Notice of Action is to be used to inform claimants about the amount of payment to be received (Grimsey 4 <7/86> Underpayment).

No further claims are to be accepted after the original claim period (April 1, 1987 and June 30, 1987).

Claims submitted during the original claim period where the County can no longer locate the class member or his/her assistance unit will be retained for the normal Court case retention period (for general guidelines see ACL 91-77). Payments will be made during the retention period if the lost class member or his/her assistance unit self-identifies.

Statistical Reporting

1. Counties will submit a report to SDSS by June 30, 1992 which details the following statistics:
 - a. the number of claims paid
 - b. the number of Supplemental Claims Forms sent out
 - c. the number of claims received
 - d. the total amount of money paid to reimburse class members
 - e. the number of claims paid based solely on information in the case file; and
 - f. the number of claims paid based on information provided by Supplemental Claims Forms

*Note: Counties were required to submit a report by November 15, 1987, which contained much of the required information for this report.

Attached, is a Grimsey v. McMahon (4) form to be used for the required reporting.

If you have any questions about the statistical reporting requirements for the Grimsey Court case, please call Mr. Levy St Mary at (916) 445-2135.

Fiscal Instructions

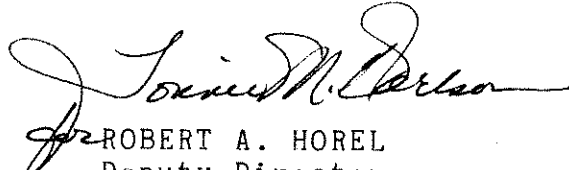
The Grimsey decision does not provide for any participation by the Federal Government in Grimsey payments. Therefore, California is required to make the Grimsey payments and there is no Federal Financial Participation (FFP) allowable.

To document that no FFP is claimed, counties must identify these payments on the payroll with a unique code, such as G, and report these payments as State/County costs on the appropriate Federal CA 800. First, report the costs as "Prior Month Supplemental payments" on line 4. Second, report the same total as an "amount Payable with State and County Funds Only" on line 7A. In addition, submit with the Federal CA 800 a separate listing of the payments, including the case number, case name, amount of each payment, and the unique code used on the payroll.

If you have any questions regarding the claiming of the Grimsey Court-ordered payments, please call contact Ms. Sharan Fleming of the Fiscal Policy and Procedures Bureau at (916) 654-1052.

If you have any other questions regarding the implementation of the Grimsey Court case, please call Mr. Vincent Toolan at (916) 654-1808.

Sincerely,


for ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

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Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken.

The county owes you money.

Here's why:

We counted your parents' income in _____. A new court order says as of July 1, 1986 we can count only the amount of money your parents give you and what they pay for your food, housing and utilities.

When we don't count your parents' income, your income goes down and your cash aid amount goes up.

We will pay back the amount taken out of your cash aid in _____. We owe you \$ _____.

☐ A check is enclosed.

☐ A check will be sent soon.

Regulations. This action is required by State regulations when are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) Grimesy v. McMahon Court Order,

Medi-Cal – California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

STATISTICAL REPORT

SEND ONE COPY TO:

Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-81
Sacramento, CA 95814
(916) 322-2230

Grimesy v. McMahon (2)

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

June 30, 1992

THIS REPORT IS

☐

ORIGINAL SUBMISSION

☐SUBSEQUENT REPORT
NO. _____☐

REVISION NO. _____

REPORTING PERIOD

FROM: April 1, 1987

TO: July 30, 1987

1 - Total number of Supplemental Claim forms sent out.

2 - Total number of claims received.

3 - Total number of claims denied.

4 - Total number of claims paid.

5 - Total amount of money paid to reimburse
class members.6 - Total number of claims paid based on information
provided by supplemental forms.7 - Total number of claims paid based solely on
information in the case file.

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE